**Application or Docket Number** 

1/1387

. CLAIMS AS FILED - PART I						mn 2)		SMALL EN		OR	OTHER	
TOTAL CLAIMS			44					RATE	FEE	Ϊ́Ι	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			44 minus 20=		. 24			X\$ 9=		OR	X\$18=	422
INDEPENDENT CLAIMS			/ minus 3 =		1			X42=		OR	X84=	7.2
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	<del></del>	OR	+280=	
• If the difference in column 1 is less than zero, enter "0						olumn 2		TOTAL		OR	TOTAL	1192
4-7-06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 44	Minus	4	4	۰ ـــ		X\$ 9-	•	OR	X\$18≖	
	Independent		Minus	***	3	•	П	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
								TOTAL	1		TOTAL	
/ / (Column 1) (Column 2) (Cotumn 3)												
AMENOMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 29	Minus	** 4	14	-		X\$ 9=		OR	X\$18=	
	Independent	• /	Minus		3	-		X42=		OR	X84=	
	7 INST PRESE	NIATION OF MI	JETIPLE DE	ENDENT	CLAIM		1	+140=		OR	+280=	
TOTAL										OB	TOTAL	
8 29 C (Column 1) (Column 2) (Column 3)												
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID		PRESENT - EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 29	Minus	4	14	c	11	X\$ 9=		OR	X\$18=	
	Independent	·	Minus	***	3	=	11	X42=		OR	X84=	
_	FIRST PRESE	+140=										
." If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+280=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  ADDIT. FEE OR ADDIT.											L	
	···· rightest UNI	wer rionously Pa	U PUR ( IUM) O	- annebeuge	en) ez eng	induser unum	et 10U	un su nue styb	obuste pos	in co	umm 1.	1